

## Proposer Information Sheet

Our cost proposal is attached. A signature affixed hereon and dated certifies compliance with all bid requirements. Our signature authorizes the State to verify the claims made on this certification.

Name of Firm:		CA Corp. No. (If applicable)	Federal ID Number
Name of Principal (If not an individual):	Title:	Telephone Number	Fax Number
Street Address / P.O. Box	City	State	Zip Code

## Type of Business Organization / Ownership (Check all that apply)

<b>Ownership</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint venture <input type="checkbox"/> Association	<b>Corporation</b> <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit <input type="checkbox"/> Private <input type="checkbox"/> Public	<b>Governmental</b> <input type="checkbox"/> City/County, California <input type="checkbox"/> State Agency, Federal <input type="checkbox"/> Agency, State (other than California) <input type="checkbox"/> Other: _____	<b>Other Type of Entity</b> <input type="checkbox"/> Public or Municipal Corporation, School or Water District, California State College, University of California, Joint Powers Agency <input type="checkbox"/> Auxiliary College Foundation <input type="checkbox"/> _____
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**California Certified Small Business Status** ☐ N/A ☐ Microbusiness ☐ Small business

☐ Certified By DGS Certification No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If certified, attach a copy of certification letter. If an application is pending, date submitted to DGS: \_\_\_\_\_

**Small Business Type (If applicable)** ☐ N/A ☐ Services ☐ Non-Manufacturer ☐ Manufacturer

☐ Contractor (Construction Type): \_\_\_\_\_ ☐ Contractor's License Type: \_\_\_\_\_

**Veteran Status of Business Owner** ☐ N/A

☐ Disabled Veteran Certified by DGS Certification No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If certified, attach a copy of certification letter. If an application is pending, date submitted to DGS: \_\_\_\_\_

**Disadvantaged Business Enterprise Status:** ☐ N/A ☐ Approved by the Cal Trans, Office of Civil Rights.

Certification number issued by Cal Trans: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Race/Ethnicity of Business Owner** ☐ N/A

<b>Owner's Ethnicity (check one)</b> <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific-Asian <input type="checkbox"/> Other _____	<b>Owner's Race (check one)</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	<b>If Asian or Native Hawaiian or Pacific Islander (check one):</b> <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other _____
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**Sex of Business Owner** ☐ N/A (Not independently owned) ☐ Male ☐ Female

**Indicate applicable licenses and/or certifications possessed:** ☐ N/A

Contractor's State Licensing Board	PUC License Number CAL-T-	Required Licenses/Certifications (If applicable)
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Signature Date Signed

Printed/Typed Name Title

## Public Records Information

The above information is required for statistical and/or bidding purposes. Completion of this form is mandatory. This information will be made public upon award of the contract and will be supplied to DHS' Contract Management Unit, Department of General Services and possibly other public agencies. To access your contract related records, contact the Contract Management Unit, 1501 Capitol Avenue, Suite 71.2101, MS 1403, P.O. Box 997413, Sacramento, CA 95899-7413, telephone number (916) 650-0100.